NCPDP 5.1 Requirements for HPs DV1.4 2004 10 01.xls

Field Number	Field Name	Field Definition	Field Format	Definition/Format
Transaction Header Segment				
880-K4	Text Indicator	This field is used to identify the beginning and ending of the data record.	AN 1	Start of Test (Stx) = X'02'
701	Segment Identifier	Unique record type required on Enrollment/Batch Transaction Standard.	AN 2	00 = File Control (header)
880-K6	Transmission Type	A value to define the type of transmission being sent.	AN 1	T = Transaction Submitting batch
880-K1	Sender ID	An identification number assigned to the sender of the data by the processor/receiver of the data.	AN 24	Submitter ID The Interchange Sender ID consists of a 3-byte acronym assigned by AHCCCS followed by the submitter's Tax ID [9], Health Plan Id [6], Tape Submitter Number [3] and the Input Mode [1]. ABC8612345671111112221
806-5C	Batch Number	This number is assigned by the processor/sender. Format=CCYYDDD CC=Century YY=Year DDD=Julian date Examples: 2ØØ2252=September 9, 2ØØ2	N 7	The batch number in the header must be identical to the batch number in the Trailer record.
880-K2	Creation Date	Date the file was created.	N 8	Format = CCYYMMDD
880-K3	Creation Time	Time the file was created.	N 4	Format = HHMM
702	File Type	Code identifying whether the file contained is test or production data.	AN 1	P = Production T = Test
102-A2	Version/Release Number	Code uniquely identifying the transmission syntax and corresponding Data Dictionary.	AN 2	Version/Release of Header Data 11
880-K7	Receiver ID	An identification number of the endpoint receiver of the data file.	AN 24	AHCCCS Receiver ID "AHCCCS" followed by the nine-digit AHCCCS Federal Tax ID number ("AHCCCS866004791")
880-K4	Text Indicator		AN 1	End of Test (Etx) = X'03
Detail Data Record				
880-K4	Text Indicator	This field is used to identify the beginning and ending of the data record.	AN 1	Start of Test (Stx) = X'02'
701	Segment Identifier	Unique record type required on Enrollment/Batch Transaction Standard.	AN 2	G1 = Detail Data Record
880-K5	Transaction Reference Number	Assigned by the pharmacy to uniquely identify each claim within the file	AN 10	Determined by Provider Must be unique within the file Returned in the response
	NCPDP Data Record			
880-K4	Text Indicator	This field is used to identify the beginning and ending of the data record.	AN 1	End of Test (Etx) = X'03
Trailer Record				
880-K4	Text Indicator	This field is used to identify the beginning and ending of the data record.	AN 1	Start of Test (Stx) = X'02'

NCPDP 5.1 Requirements for HPs DV1.4 2004 10 01.xls

Field Number	Field Name	Field Definition	Field Format	Definition/Format
701	Segment Identifier	Unique record type required on Enrollment/Batch Transaction Standard.	AN 2	99 = File Trailer
806-5C	Batch Number	This number is assigned by the processor/sender. Format=CCYYDDD CC=Century YY=Year DDD=Julian date Examples: 2ØØ2252=September 9, 2ØØ2	N 7	Must match batch number in the Header record. **MOVE YYDDD
751	Record Count	Record count within submitted enrollment batch files. This count will be a different value depending upon the enrollment segment in which this count is kept.	N 10	
504-F4	Message	Free form message.	AN 35	
880-K4	Text Indicator	This field is used to identify the beginning and ending of the data record.	AN 1	End of Test (Etx) = X'03

Last Revised	Field Number	Field Name	Field Definition	Field Format	Definition/Format	AHCCCS Encounter Usage
	Transaction Header					
	1Ø1-A1	BIN NUMBER	Card Issuer ID or Bank ID Number use	9(6)	BIN Number	
	1Ø2-A2	VERSION/RELEASE NUMBER	Code uniquely identifying the transmission syntax and corresponding Data Dictionary.	x(2)	51	Required
	1Ø3-A3	TRANSACTION CODE	Code identifying the type of transaction.	x(2)	B1 = Billing B2 = Reversal B3 = Rebill	Required
	1Ø4-A4	PROCESSOR CONTROL NUMBER	Number assigned by the processor.	x(10)	Process Control number	Required
	1∅9-A9	TRANSACTION COUNT	Count of transactions in the transmission.	x(1)	"Line Count for this claim"	
	2∅2-B2	SERVICE PROVIDER ID QUALIFIER	Code qualifying the 'Service Provider ID' (201-B1).	x(2)	05 = Medicaid ID	
	2Ø1-B1	SERVICE PROVIDER ID	ID assigned to a pharmacy or provider.	x(15)	Provider Id/Pharmacy Number AHCCCS Id and Location Number NNNNNNLL	Required
	4Ø1-D1	DATE OF SERVICE	Identifies date the prescription was filled or professional service rendered.	9(8)	Dispense Date / Date of Service	Required
	11∅-AK	SOFTWARE VENDOR/ CERTIFICATION ID	ID assigned by the switch or processor to identify the software source.	x(10)	Software Vendor Certification ID of the PBM	
	Patient Segment					
	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	x(2)	Ø1=Patient	
	331-CX	PATIENT ID QUALIFIER	Code qualifying the 'Patient ID' (332-CY).	x(2)	99 = Other	
07/19/2004 Chg'd from ID to CRN	332-CY	PATIENT ID	ID assigned to the patient.	x(20)	The AHCCCS CRN. (Resubmission Claim Number)	Required when 103-A3 Transaction Code = B2 or B3 transactions.
	3Ø4-C4	DATE OF BIRTH	Date of birth of patient.	9(8)	Recipient Date of Birth	Required
	3Ø5-C5	PATIENT GENDER CODE	Code indicating the gender of the individual.	9(1)	Recipient Gender. 1 = Male 2 = Female	Required
	31Ø-CA	PATIENT FIRST NAME	Individual first name.	x(12)		
	311-CB	PATIENT LAST NAME	Individual last name.	x(15)		
	322-CM	PATIENT STREET ADDRESS	Free-form text for address information.	x(30)		
	323-CN	PATIENT CITY ADDRESS	Free-form text for city name.	x(20)		
	324-CO	PATIENT STATE / PROVINCE ADDRESS	Standard State/Province Code as defined by appropriate government agency.	x(2)		
	325-CP	PATIENT ZIP/POSTAL ZONE	Code defining international postal zone excluding punctuation and blanks (zip code for US).	x(15)		
	326-CQ	PATIENT PHONE NUMBER	Ten digit phone number of patient.	9(10)		
	3Ø7-C7	PATIENT LOCATION	Code identifying the location of the patient when receiving pharmacy services.	9(2)	Ø=Not Specified 1=Home 2=Inter-Care 3=Nursing Home 4=Long Term/Extended Care 5=Rest Home 6=Boarding Home 7=Skilled Care Facility 8=Sub-Acute Care Facility 9=Acute Care Facility 1Ø=Outpatient 11=Hospice	Required.
	333-CZ	EMPLOYER ID	ID assigned to employer.	x(15)		
	334-1C	SMOKER / NON-SMOKER CODE	Code indicating the patient as a smoker or non-smoker.	x(1)	Blank - Not Specified 1 - Non Smoker 2 - Smoker	Situational May Be Reported.
	335-2C	PREGNANCY INDICATOR	Code indicating the patient as pregnant or non-pregnant.	x(1)	Blank=Not Specified 1=Not pregnant 2=Pregnant	Required.
	Insurance Segment					
	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	x(2)	Ø4=Insurance	
	3Ø2-C2	CARDHOLDER ID	Insurance ID assigned to the cardholder.	x(20)	AHCCCS ID, Left justify	Required

Last Revised	Field Number	Field Name	Field Definition	Field Format	Definition/Format	AHCCCS Encounter Usage
	312-CC	CARDHOLDER FIRST NAME	Individual first name.	x(12)	Recipient First Name	Required
	313-CD	CARDHOLDER LAST NAME	Individual last name.	x(15)	Recipient Last Name	Required
	314-CE	HOME PLAN	Code identifying the Blue Cross or Blue Shield plan ID which indicates where the member's coverage has been designated. Usually where the member lives or purchased their coverage.	x(3)		
	524-FO	PLAN ID	Assigned by the processor to identify a set of parameters, benefit, or coverage criteria used to adjudicate a claim.	x(8)		
	3Ø9-C9	ELIGIBILITY CLARIFICATION CODE	Code indicating that the pharmacy is clarifying eligibility based on receiving a denial.	9(1)		
	336-8C	FACILITY ID	ID assigned to the patient's clinic/host party.	x(10)		
	3Ø1-C1	GROUP ID	ID assigned to the cardholder group or employer group.	x(15)		
	3Ø3-C3	PERSON CODE	Code assigned to a specific person within a family.	x(3)		
	3Ø6-C6	PATIENT RELATIONSHIP CODE	Code indicating relationship of patient to cardholder.	9(1)		
	Claim Segment					
	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	x(2)	Ø7=Claim	
	455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	Indicates the type of billing submitted.	x(1)	1=Rx Billing	
	4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	Reference number assigned by the provider for the dispensed drug/product and/or service provided.	9(7)	RX Number	Required
	436-E1	PRODUCT/SERVICE ID QUALIFIER	Code qualifying the value in 'Product/Service ID' (407-D7).	x(2)		
	4Ø7-D7	PRODUCT/SERVICE ID	ID of the product dispensed or service provided.	x(19)	If 407-D7 is Ø3-NDC NDC Code format is: Format=MMMMMDDDDPP MMMMM=Manufacturer's Assigned Number DDDD=Drug ID PP=Package Size	Required
	456-EN	ASSOCIATED PRESCRIPTION/ SERVICE REFERENCE #	Related 'Prescription/Service Reference Number' (402-D2) to which the service is associated.	9(7)		
	457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	Date of the Associated Prescription/Service Reference Number.	9(8)		
	458-SE	PROCEDURE MODIFIER CODE COUNT	Count of the 'Procedure Modifier Code' (459-ER) occurrences.	9(1)		
	459-ER	PROCEDURE MODIFIER CODE	Identifies special circumstances related to the performance of the service.	x(2)	If sent, will be stored.	Required when known
	442-E7	QUANTITY DISPENSED	Quantity dispensed expressed in metric decimal units.	9(7)v999	Quantity Move 9(5)v999	Required
	4Ø3-D3	FILL NUMBER	The code indicating whether the prescription is an original or a refill.	9(2)	Fill Number Ø=Original dispensing 1 to 99 = Refill number	Required
	4Ø5-D5	DAYS SUPPLY	Estimated number of days the prescription will last.	9(3)	Days Supply	Required
	4Ø6-D6	COMPOUND CODE	Code indicating whether or not the prescription is a compound.	9(1)	Ø=Not Specified 1=Not a Compound 2=Compound	Required

Last Revised	Field Number	Field Name	Field Definition	Field Format	Definition/Format	AHCCCS Encounter Usage
	4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.	x(1)	Ø=No Product Selection Indicated 1=Substitution Not Allowed by Prescriber 2=Substitution Allowed-Patient Requested Product Dispensed 3=Substitution Allowed-Pharmacist Selected Product Dispensed 4=Substitution Allowed-Generic Drug Not in Stock 5=Substitution Allowed-Brand Drug Dispensed as a Generic 6=Override 7=Substitution Not Allowed-Brand Drug Mandated by Law 8=Substitution Allowed-Generic Drug Not Available in Marketplace 9=Other	Required
	414-DE	DATE PRESCRIPTION WRITTEN	Date prescription was written.	9(8)	Format=CCYYMMDD	Required
	415-DF	NUMBER OF REFILLS AUTHORIZED	Number of refills authorized by the prescriber.	9(2)	Number of refills authorized	Required
	419-DJ	PRESCRIPTION ORIGIN CODE	Code indicating the origin of the prescription.	9(1)		
	42Ø-DK	SUBMISSION CLARIFICATION CODE	Code indicating that the pharmacist is clarifying the submission.	9(2)		
	46∅-ET	QUANTITY PRESCRIBED	Amount expressed in metric decimal units.	9(7)v999		
	3Ø8-C8	OTHER COVERAGE CODE	Code indicating whether or not the patient has other insurance coverage.	9(2)	ØØ=Not Specified Ø1=No other coverage Ø2=Other coverage exists-payment collected Ø3=Other coverage exists- claim not covered Ø4=Other coverage exists-payment not collected Ø5=Managed care plan denial Ø6=Other coverage denied-not participating provider Ø7=Other coverage exists-not in effect on DOS Ø8=Claim is billing for copay	Required
	429-DT	UNIT DOSE INDICATOR	Code indicating the type of unit dose dispensing.	9(1)		Situational May Be Reported.
	453-EJ	ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	Code qualifying the value in 'Originally Prescribed Product/Service Code' (Field 445-EA).	x(2)		
	445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	Code of the initially prescribed product or service.	x(19)		
	446-EB	ORIGINALLY PRESCRIBED QUANTITY	Product initially prescribed amount expressed in metric decimal units.	9(7)v999		
07/19/2004 Chg' from ID to CRN 08/26/04 Removed size limit	33∅-CW	ALTERNATE ID	Person identifier to be used for controlled product reporting. Identifier may be that of the patient or the person picking up the prescription as required by the governing body.	x(20)	The Health Plan CRN.	Required
	454-EK	SCHEDULED PRESCRIPTION ID	The serial number of the prescription blank/form.	x(12)		
	6ØØ-28	UNIT OF MEASURE	NCPDP standard product billing codes.	x(2)	EA=Each GM=Grams ML=Milliliters	Required
	418-DI	LEVEL OF SERVICE	Coding indicating the type of service the provider rendered.	9(2)		
	461-EU	PRIOR AUTHORIZATION TYPE CODE	Code clarifying the 'Prior Authorization Number' (462-EV).	9(2)		Situational May Be Reported. Data used to bypass Medical Review type encounter edits.
	462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	Number submitted by the provider to identify the prior authorization.	9(11)		Situational May Be Reported. Data used to bypass Medical Review type encounter edits.
	463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	Value indicating that authorization occurred for intermediary processing.	9(2)		
	464-EX	INTERMEDIARY AUTHORIZATION ID	Value indicating intermediary authorization occurred.	x(11)		

Last Revised	Field Number	Field Name	Field Definition	Field Format	Definition/Format	AHCCCS Encounter Usage
	343-HD	DISPENSING STATUS	Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed.	x(1)		
	344-HF	QUANTITY INTENDED TO BE DISPENSED	Metric decimal quantity of medication that would be dispensed on original filling if inventory were available. Used in association with a 'P' or 'C' in 'Dispensing Status' (343-HD).	9(7)V999		
	345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	Days supply for metric decimal quantity of medication that would be dispensed on original dispensing if inventory were available. Used in association with a 'P' or 'C' in 'Dispensing Status' (343-HD).	9(3)		
	Pharmacy Provider Segment					
	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	x(2)	Ø2=Pharmacy Provider	
	465-EY	PROVIDER ID QUALIFIER	Code qualifying the 'Provider ID' (444-E9).	x(2)		
	444-E9	PROVIDER ID	Unique ID assigned to the person responsible for the dispensing of the prescription or provision of the service.	x(15)		
	Prescriber Segment					
	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	x(2)	Ø3=Prescriber	
	466-EZ	PRESCRIBER ID QUALIFIER	Code qualifying the 'Prescriber ID' (411-DB).	x(2)	Ø5=Medicaid 12=Drug Enforcement Administration (DEA) Number	
	411-DB	PRESCRIBER ID	ID assigned to the prescriber.	x(15)	AHCCCS ID [6] and Location Code [2] OR the Prescriber's DEA Number	Required
	467-1E	PRESCRIBER LOCATION CODE	Location address code assigned to the prescriber as identified in the National Provider System (NPS).	x(3)		
	427-DR	PRESCRIBER LAST NAME	Individual last name.	x(15)		
	498-PM	PRESCRIBER PHONE NUMBER	Ten digit phone number of the prescriber.	9(10)		
	468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	Code qualifying the 'Primary Care Provider ID' (421-DL).	x(2)		
	421-DL	PRIMARY CARE PROVIDER ID	ID assigned to the primary care provider. Used when the patient is referred to a secondary care provider.	x(15)		
	469-H5	PRIMARY CARE PROVIDER LOCATION CODE	Location address code assigned to the primary care provider as identified in the National Provider System (NPS).	x(3)		
	47Ø-4E	PRIMARY CARE PROVIDER LAST NAME	Individual last name.	x(15)		
	COB/Other Payments Segment					One iteration of this segment will always be present to report the BHS/CRS/Health Plan paid amount.
	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	x(2)	Ø5=Coordination of Benefits/Other Payments	
	337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Count of other payment occurrences.	9(1)	Number of Other Coverages	
	338-5C	OTHER PAYER COVERAGE TYPE	Code identifying the type of 'Other Payer ID' (340-7C).	x(2)	Blank=Not Specified Ø1=Primary Ø2=Secondary Ø3=Tertiary 98=Coupon 99=Composite	Required

Last Revised	Field Number	Field Name	Field Definition	Field Format	Definition/Format	AHCCCS Encounter Usage
10/01/2004 Added Medicare note	339-6C	OTHER PAYER ID QUALIFIER	Code qualifying the 'Other Payer ID' (340-7C).	x(2)	Blank=Not Specified Ø1=National Payer ID Ø2=Health Industry Number (HIN) Ø3=Bank Information Number (BIN) Ø4=National Association of Insurance Commissioners (NAIC) Ø9=Coupon 99=Other 99 - when payer is Health Plan *or Medicare*	
10/01/2004 Added Medicare note	34Ø-7C	OTHER PAYER ID	ID assigned to the payer.	x(10)	To report the Health Plan ID, 339-6C = 99 and this field is the AHCCCS Health Plan ID [6] and TSN [3] OR The Other Payer Id If Other Payer is Medicare, Other Payer ID must be "MEDICARE".	Required
	443-E8	OTHER PAYER DATE	Payment or denial date of the claim submitted to the other payer. Used for coordination of benefits.	9(8)	Format=CCYYMMDD	Situational May Be Reported.
	341-HB	OTHER PAYER AMOUNT PAID COUNT	Count of the payer amount paid occurrences.	9(1)	Other Payer amount paid occurrences	
	342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Code qualifying the 'Other Payer Amount Paid' (431-DV).	x(2)	Ø1=Delivery Ø2=Shipping Ø3=Postage Ø4=Administrative **(Dispensing Fee)** Ø5=Incentive Ø6=Cognitive Service Ø7=Allowed Amount **(Ingredient Cost)** Ø8=Amount Paid **(Paid Amount)** 98=Coupon 99=Other 1st occurrence = Deductible 2nd occurrence = CoInsurance 3rd occurrence = CoPay	Required
	431-DV	OTHER PAYER AMOUNT PAID	Amount of any payment known by the pharmacy from other sources (including coupons).	s9(6)v99	Amount of the other payment	Required
	471-5E	OTHER PAYER REJECT COUNT	Count of 'Other Payer Reject Code' (472-6E) occurrences.	9(2)		
	472-6E	OTHER PAYER REJECT CODE	The error encountered by the previous Other Payer in 'Reject Code' (511-FB).	x(3)		
	Workers' Compensation Segment					
	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	x(2)	Ø6=Worker's Compensation	
	434-DY	DATE OF INJURY	Date on which the injury occurred.	9(8)		
	315-CF	EMPLOYER NAME	Complete name of employer.	x(30)		
	316-CG	EMPLOYER STREET ADDRESS	Free-form text for address information.	x(30)		
	317-CH	EMPLOYER CITY ADDRESS	Free-form text for city name.	x(20)		
	318-CI	EMPLOYER STATE/PROVINCE ADDRESS	Standard State/Province Code as defined by appropriate government agency.	x(2)		
	319-CJ	EMPLOYER ZIP/POSTAL ZONE	Code defining international postal zone excluding punctuation and blanks (zip code for US).	x(15)		
	32Ø-CK	EMPLOYER PHONE NUMBER	Ten digit phone number of employer.	9(10)		
	321-CL	EMPLOYER CONTACT NAME	Employer primary contact.	x(30)		
	327-CR	CARRIER ID	Carrier code assigned in Worker's Compensation Program.	x(10)		
	435-DZ	CLAIM/REFERENCE ID	Identifies the claim number assigned by Worker's Compensation Program.	x(30)		
	DUR/PPS Segment					
	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	x(2)	Ø8=DUR/PPS	
	473-7E	DUR/PPS CODE COUNTER	Counter number for each DUR/PPS set/logical grouping.	9(1)		

Last Revised	Field Number	Field Name	Field Definition	Field Format	Definition/Format	AHCCCS Encounter Usage
	439-E4	REASON FOR SERVICE CODE	Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.	x(2)		
	44Ø-E5	PROFESSIONAL SERVICE CODE	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.	x(2)		
	441-E6	RESULT OF SERVICE CODE	Action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service.	x(2)		
	474-8E	DUR/PPS LEVEL OF EFFORT	Code indicating the level of effort as determined by the complexity of decision making or resources utilized by a pharmacist to perform a professional service.	9(2)		
	475-J9	DUR CO-AGENT ID QUALIFIER	Code qualifying the value in 'DUR Co-Agent ID' (476-H6).	x(2)		
	476-H6	DUR CO-AGENT ID	Identifies the co-existing agent contributing to the DUR event (drug or disease conflicting with the prescribed drug or prompting pharmacist professional service).	x(19)		
	Pricing Segment					
	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	x(2)	11=Pricing	
08/26/04 Chg'd *** note, inc from 6 to 8	4Ø9-D9	INGREDIENT COST SUBMITTED	Submitted product component cost of the dispensed prescription. This amount is included in the 'Gross Amount Due' (430-DU).	s9(6)v99	Ingredient Cost Submitted by Pharmacy ***9(6)v99 moved to Mainframe	Required
	412-DC	DISPENSING FEE SUBMITTED	Dispensing fee submitted by the pharmacy. This amount is included in the 'Gross Amount Due' (430-DU).	s9(6)v99	Dispensing Fee Submitted by Pharmacy	Required
	477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	Amount submitted by the provider for professional services rendered.	s9(6)v99		
08/26/04 Chg'd *** note, inc from 6 to 8	433-DX	PATIENT PAID AMOUNT SUBMITTED	Amount the pharmacy received from the patient for the prescription dispensed.	s9(6)v99	Amount the pharmacy actually collected from the recipient/patient/person picking up the medication ***9(6)v99 moved to Mainframe	Required if Applicable
	438-E3	INCENTIVE AMOUNT SUBMITTED	Amount represents a fee that is submitted by the pharmacy for contractually agreed upon services. This amount is included in the 'Gross Amount Due' (430-DU).	s9(6)v99		
	478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Count of other amount claimed submitted occurrences.	9(1)		
	479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	Code identifying the additional incurred cost claimed in 'Other Amount Claimed Submitted' (480-H9).	x(2)		
	48∅-H9	OTHER AMOUNT CLAIMED SUBMITTED	Amount representing the additional incurred costs for a dispensed prescription or service.	s9(6)v99		
	481-HA	FLAT SALES TAX AMOUNT SUBMITTED	Flat sales tax submitted for prescription. This amount is included in the 'Gross Amount Due' (430-DU).	s9(6)v99		
	482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	Percentage sales tax submitted.	s9(6)v99		
	483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	Percentage sales tax rate used to calculate 'Percentage Sales Tax Amount Submitted' (482-GE).	s9(3)v4		
	484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	Code indicating the basis for percentage sales tax.	x(2)		
08/26/04 Chg'd *** note, inc from 6 to 8	426-DQ	USUAL AND CUSTOMARY CHARGE	Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed.	s9(6)v99	***9(6)v99 moved to Mainframe	Situational May Be Reported.

Last Revised	Field Number	Field Name	Field Definition	Field Format	Definition/Format	AHCCCS Encounter Usage
08/26/04 Chg'd *** note, inc from 6 to 8	43Ø-DU	GROSS AMOUNT DUE	Total price claimed from all sources. For prescription claim request, field represents a sum of 'Ingredient Cost Submitted' (409-D9), 'Dispensing Fee Submitted' (412-DC), 'Flat Sales Tax Amount Submitted'(481-HA), 'Percentage Sales Tax Amount Submitted'	s9(6)v99	Billed Amount ***9(6)v99 moved to Mainframe	Required
	423-DN	BASIS OF COST DETERMINATION	Code indicating the method by which 'Ingredient Cost Submitted' (Field 409-D9) was calculated.	x(2)		
	Coupon Segment					
	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	x(2)	Ø9=Coupon	
	485-KE	COUPON TYPE	Code indicating the type of coupon being used.	x(2)		
	486-ME	COUPON NUMBER	Unique serial number assigned to the prescription coupons.	x(15)		
	487-NE	COUPON VALUE AMOUNT	Value of the coupon.	s9(6)v99		
	Compound Segment					
	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	x(2)	1Ø=Compound	
	45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	Dosage form of the complete compound mixture.	x(2)		
	451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	NCPDP standard product billing codes.	9(1)		
	452-EH	COMPOUND ROUTE OF ADMINISTRATION	Code for the route of administration of the complete compound mixture.	9(2)		
	447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Count of compound product IDs (both active and inactive) in the compound mixture submitted.	9(2)		
	488-RE	COMPOUND PRODUCT ID QUALIFIER	Code qualifying the type of product dispensed.	x(2)		
	489-TE	COMPOUND PRODUCT ID	Product identification of an ingredient used in a compound.	x(19)		
	448-ED	COMPOUND INGREDIENT QUANTITY	Amount expressed in metric decimal units of the product included in the compound mixture.	9(7)v999		
	449-EE	COMPOUND INGREDIENT DRUG COST	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' (Field 448-ED).	s9(6)v99		
	49∅-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.	x(2)		
	Prior Authorization Segment					
	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	x(2)	12=Prior Authorization	
	498-PA	REQUEST TYPE	Code identifying type of prior authorization request.	x(1)		
	498-PB	REQUEST PERIOD DATE-BEGIN	Beginning date for a prior authorization request.	9(8)		
	498-PC	REQUEST PERIOD DATE-END	Ending date for a prior authorization request.	9(8)		
	498-PD	BASIS OF REQUEST	Code describing the reason for prior authorization request.	x(2)		
	498-PE	AUTHORIZED REPRESENTATIVE FIRST NAME	First name of the patient's authorized representative.	x(12)		
	498-PF	AUTHORIZED REPRESENTATIVE LAST NAME	Last name of the patient's authorized representative.	x(15)		
	498-PG	AUTHORIZED REPRESENTATIVE STREET ADDRESS	Free-form text for address information.	x(30)		
	498-PH	AUTHORIZED REPRESENTATIVE CITY ADDRESS	Free-form text for city name.	x(20)		
	498-PJ	AUTHORIZED REPRESENTATIVE STATE/PROVINCE ADDRESS	Standard State/Province code as defined by appropriate government agency.	x(2)		
	498-PK	AUTHORIZED REPRESENTATIVE ZIP/POSTAL ZONE	Code defining international postal zone excluding punctuation and blanks (zip code for US).	x(15)		

Last Revised	Field Number	Field Name	Field Definition	Field Format	Definition/Format	AHCCCS Encounter Usage
	498-PY	PRIOR AUTHORIZATION NUMBER--ASSIGNED	Unique number identifying the prior authorization assigned by the processor.	9(11)		
	5Ø3-F3	AUTHORIZATION NUMBER	Number assigned by the processor to identify an authorized transaction.	x(20)		
	498-PP	PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION	Free text message.	x(1)-x(500)		
	Clinical Segment					
	111-AM	SEGMENT IDENTIFICATION	Identifies the segment in the request and/or response.	x(2)	13=Clinical	
	491-VE	DIAGNOSIS CODE COUNT	Count of diagnosis occurrences.	9(1)	Diagnosis code count	
	492-WE	DIAGNOSIS CODE QUALIFIER	Code qualifying the 'Diagnosis Code' (424-DO).	x(2)	Ø1=International Classification of Diseases (ICD9)	
	424-DO	DIAGNOSIS CODE	Code identifying the diagnosis of the patient.	x(15)	ICD-9 Diagnosis Code ***1st DX Moved to Mainframe	Required when known
	493-XE	CLINICAL INFORMATION COUNTER	Counter number of clinical information measurement set/logical grouping.	9(1)		
	494-ZE	MEASUREMENT DATE	Date clinical information was collected or measured.	9(8)		
	495-H1	MEASUREMENT TIME	Time clinical information was collected or measured.	9(4)		
	496-H2	MEASUREMENT DIMENSION	Code indicating the clinical domain of the observed value in 'Measurement Value' (499-H4).	x(2)		
	497-H3	MEASUREMENT UNIT	Code indicating the metric or English units used with the clinical information.	x(2)		
	499-H4	MEASUREMENT VALUE	Actual value of clinical information.	x(15)		

111-AM	Segment Identification					
	337-4C	Coordination of Benefits / Other Payments Count				Max 9
	338-5C	Other Payer Coverage Type				
	339-6C	Other Payer ID Qualifier				
	340-7C	Other Payer ID				
	443-E8	Other Payer Date				
	341-HB	Other Payer Amount Paid Count				Max 9
	342-HC	Other Payer Amount Paid Qualifier				
	431-DV	Other Payer Amount Paid				
OR:						
111-AM	Segment Identification					
	337-4C	Coordination of Benefits / Other Payments Count				Max 9
	338-5C	Other Payer Coverage Type				
	339-6C	Other Payer ID Qualifier				
	340-7C	Other Payer ID				
	443-E8	Other Payer Date				
		471-5E	Other Payer Reject Count			Max 9
		472-6E	Other Payer Reject Code			
Example 1. **Health Plan COB Segment. (One COB Loop.)**						
The segment should look like this:						
111-AM	Segment Identification		5			
337-4C	Coordination of Benefits / Other Payments Count		1			
338-5C	Other Payer Coverage Type		01	Primary		
339-6C	Other Payer ID Qualifier		99	"Other"		
340-7C	Other Payer ID		111111TSN	Health Plan ID X(6) TSN X(3)		
443-E8	Other Payer Date		20030910			
341-HB	Other Payer Amount Paid Count		5			
342-HC	Other Payer Amount Paid Qualifier		07	Ingredient Cost		
431-DV	Other Payer Amount Paid		1500{	$150.00		
342-HC	Other Payer Amount Paid Qualifier		08	Amount Paid		
431-DV	Other Payer Amount Paid		1400{	$140.00		
342-HC	Other Payer Amount Paid Qualifier		99	1st "99" = Deductible		
431-DV	Other Payer Amount Paid		{	$0.00		
342-HC	Other Payer Amount Paid Qualifier		99	2nd "99" = CoInsurance		
431-DV	Other Payer Amount Paid		{	$0.00		
342-HC	Other Payer Amount Paid Qualifier		99	3rd "99" = CoPay		
431-DV	Other Payer Amount Paid		100{	$10.00		
471-5E	Other Payer Reject Count			Not Required		
472-6E	Other Payer Reject Code			Not Required		

Example 2. **Health Plan COB Segment and One other payer. (Two other payers.)**					
The segment should look like this:					
111-AM	Segment Identification	5			
337-4C	Coordination of Benefits / Other Payments Count	2			
	1st Payer				
338-5C	Other Payer Coverage Type	01	Primary		
339-6C	Other Payer ID Qualifier	99	"Other"		
340-7C	Other Payer ID	99885566			
443-E8	Other Payer Date	20030910			
341-HB	Other Payer Amount Paid Count	5			
342-HC	Other Payer Amount Paid Qualifier	07	Ingredient Cost		
431-DV	Other Payer Amount Paid	1500{	$150.00		
342-HC	Other Payer Amount Paid Qualifier	08	Amount Paid		
431-DV	Other Payer Amount Paid	{	$0.00		
471-5E	Other Payer Reject Count	1			
472-6E	Other Payer Reject Code	123	Other Payer Reject		
	2nd Payer Information				
338-5C	Other Payer Coverage Type	02	Secondary		
339-6C	Other Payer ID Qualifier	99	"Other"		
340-7C	Other Payer ID	111111TSN	Health Plan ID X(6) TSN X(3)		
443-E8	Other Payer Date	20030910			
341-HB	Other Payer Amount Paid Count	5			
342-HC	Other Payer Amount Paid Qualifier	07	Ingredient Cost		
431-DV	Other Payer Amount Paid	1500{	$150.00		
342-HC	Other Payer Amount Paid Qualifier	08	Amount Paid		
431-DV	Other Payer Amount Paid	1400{	$140.00		
342-HC	Other Payer Amount Paid Qualifier	99	1st "99" = Deductible		Required only if CoPay was collected.
431-DV	Other Payer Amount Paid	{	$0.00		
342-HC	Other Payer Amount Paid Qualifier	99	2nd "99" = CoInsurance		
431-DV	Other Payer Amount Paid	{	$0.00		
342-HC	Other Payer Amount Paid Qualifier	99	3rd "99" = CoPay		
431-DV	Other Payer Amount Paid	100{	$10.00		
471-5E	Other Payer Reject Count		Not Required		
472-6E	Other Payer Reject Code		Not Required		
Example 3. **Health Plan COB Segment. (One COB Loop.)** **Includes Dispensing Fee**					
The segment should look like this:					
111-AM	Segment Identification	5			
337-4C	Coordination of Benefits /	1			
338-5C	Other Payer Coverage Type	01	Primary		

339-6C	Other Payer ID Qualifier	99	"Other"		
340-7C	Other Payer ID	111111TSN	Health Plan ID X(6)		
443-E8	Other Payer Date	20030910			
341-HB	Other Payer Amount Paid Count	6			
342-HC	Other Payer Amount Paid Qualifier	04	Dispensing Fee		
431-DV	Other Payer Amount Paid	36G	$3.67		
342-HC	Other Payer Amount Paid Qualifier	07	Ingredient Cost		
431-DV	Other Payer Amount Paid	1500{	$150.00		
342-HC	Other Payer Amount Paid Qualifier	08	Amount Paid		
431-DV	Other Payer Amount Paid	1460G	$143.67		
342-HC	Other Payer Amount Paid Qualifier	99	1st "99" = Deductible		
431-DV	Other Payer Amount Paid	{	$0.00		
342-HC	Other Payer Amount Paid Qualifier	99	2nd "99" = CoInsurance		
431-DV	Other Payer Amount Paid	{	$0.00		
342-HC	Other Payer Amount Paid Qualifier	99	3rd "99" = CoPay		
431-DV	Other Payer Amount Paid	100{	$10.00		
471-5E	Other Payer Reject Count		Not Required		
472-6E	Other Payer Reject Code		Not Required		